## KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

P. O. Box 1360 Frankfort, KY 40602 (502)564-3296 ext. 237

## APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL (Course Providers)

Contact Person:	Telephone: (	) -
Address:		
Street		
City	State	Zip Code
Sponsoring Agency:		
Title of Program:		
Date(s) of Program: Number	of Hours Applying For:	
Target Audience ( <i>Please check all that apply</i> ) Occupational Therapist	Area of Content:	
Occupational Therapy Assistant		
(Information must be submitted to the Board at lea	ast 90 days prior to the present	ation of the course)
ON A SEPARATE SHEET PLEASE FURN (Please be advised, applications received without the second		
<ul> <li>✓ A thorough course description</li> <li>✓ A statement of the projected learning outcomes</li> <li>✓ A statement of the target audience</li> <li>✓ The content focus of the course</li> <li>✓ A detailed agenda for the activity</li> <li>✓ A statement of the number of contact hours reques</li> <li>✓ A listing of the presenters and their qualifications;</li> <li>✓ A sample of the certificate of completion awarded</li> </ul>	and	
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BOARD RESPONSE		
Approved as requested for ho ho he Need additional information for revieur	ours	
Denied. Comments:		
Date Reviewed:	Board Member Initial:	